PATENT File No.: A-55320-2/RFT/MTK/DAV



CERTIFICATE OF MAIL (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Waehington, DC 20231 on September 29, 1997.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Philippe Pouletty

SERIAL NO.: 08/630,383

FILING DATE: 10 April 1996

TITLE:

CYTOMODULATING **CONJUGATES OF** SPECIFIC BINDING

PAIRS

Examiner: R. Schwadron

Art Unit: 1816

NOTICE OF APPEAL FROM THE **EXAMINER TO THE BOARD OF**

PATENT APPEALS AND INTERFERENCES_

RECEIVED

OCT 0 7 1997

GBO IF 4800

BOARD OF PATENT APPEALS AND INTERFERENCES Assistant Commissioner for Patents Washington, DC 20231

Sir:

Applicant hereby appeals to the Board of Patent Appeals and interferences from the decision dated <u>01 July 1997</u> of the Examiner rejecting claims <u>1-13</u>.

The items checked below are appropriate:

[] Applicant hereby petitions for an Extension of Time, and encloses the fee of:

			Small Entity	Large <u>Entity</u>
	D D	One Month One Month	\$55.00	\$110.00
	0 0	Two Months Two Months	\$195.00	\$390.00
0/08/1997 PSTANBAC 01 FC:219	00000030 08630383 150.	Mirree Months Three Month	\$465.00	\$930.00
	0	Four Months Four Months	\$735.00	\$1,470.00

Extension f Time Total: \$_

The fee for filing this Notice of Appeal (37 CFR §1.17(e)).

Small Large Entity Entity

[X] Notice of Appeal Fee

Notice of Appeal Fee

\$150.00

\$300.00

Notice of Appeal Total: \$150.00

[] Verified Statement of Small Entity is attached.
[X] Verified Statement of Small Entity was filed previously.

[] Other:

Other Fees Total:

\$_

TOTAL FEES

\$<u>150.00</u>

[X] <u>Conditional Petition for Extension of Time:</u> An extension of time is requested to provide for timely filing <u>if</u> an extension of time is still required after all papers filed with this transmittal have been considered.

- [X] A check for the amount of **TOTAL FEES DUE** indicated above.
- [] The Commissioner is hereby authorized to charge \$_____ to cover the payment of the fee(s) indicated below to Deposit Account No. 06-1300.
- [X] The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 06-1300.
 - [X] Any filing fees under 37 CFR 1.1 including fees for the presentation of extra claims.
 - [X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP

Dolly A. Varice Reg. No. 39,054

Date: September 29, 1997

Flehr Hohbach Test Albritton and Herbert LLP Four Embarcadero Center Suite 3400

San Francisco, CA 94111-4187 Telephone: (415) 781-1989